

## Concurrent Session A2-1 Health Promotion/Disease Prevention/ Lifestyle/Behavior

**Moderators:** Paul Estabrooks, PhD, Kaiser Permanente Colorado  
and Virginia Quinn, PhD, Kaiser Permanente Southern California

### **Efficacy of Proactive Telephone Counseling for Pregnant Smokers: A Randomized Trial**

NA Rigotti<sup>1</sup>, ER Park<sup>1</sup>, S Regan<sup>1</sup>, Y Chang, Kristin P<sup>1</sup>, B Loudin<sup>2</sup>, V Quinn<sup>3</sup>

<sup>1</sup>Tobacco Research & Treatment Center, Massachusetts General Hospital,  
Harvard Medical School; <sup>2</sup>Tufts Health Plan;

<sup>3</sup>Kaiser Permanente Southern California

**Background:** Reducing pregnant women's tobacco use is a public health priority. Brief smoking counseling done at prenatal visits is effective, but cessation rates are low. More intensive smoking counseling might improve success. Proactive telephone counseling, an effective smoking cessation method, could offer pregnant women convenient access to more intensive smoking counseling, but the efficacy of this approach has not been demonstrated.

**Methods:** We tested the efficacy of proactive pregnancy-tailored telephone-delivered smoking counseling (INT) vs a brief counseling control (CTL) in a randomized controlled trial of 442 pregnant smokers referred by Massachusetts prenatal providers and a managed care plan. INT patients (pts) received cognitive-behavioral counseling in a motivational interviewing style by trained counselors throughout pregnancy and for 2 mo postpartum (mean: 5 calls, 73 min of contact). CTL pts received a 5-min call. INT and CTL groups were similar at baseline (mean age, 28 yrs; 46% nulliparous; 87% white; 74% married; 73% privately insured).

**Results:** Cotinine-validated 7-day tobacco abstinence in INT vs CTL groups was 10.0% vs 7.5% at end-of-pregnancy (OR 1.37, 95% CI: 0.69-2.70,  $p=.39$ ) and 6.7% vs 7.1% at 3 mo postpartum (OR 0.93, 95% CI: 0.44-1.99;  $p=1.0$ ). However, the INT improved validated cessation rates at end-of-pregnancy in the 211 light smokers (<10 cig/day): 19.1% (INT) vs 8.4% (CTL) (OR 2.58, 95% CI 1.1-6.1,  $p=.037$ ).

**Conclusions:** In this large randomized trial, proactive pregnancy-tailored telephone counseling did not improve smoking cessation rates over a brief "best practice" intervention. However, telephone counseling was effective for the 50% of subjects who were light smokers at baseline, and it may have benefit for this group of pregnant smokers.